

**Lisa D. Piechowski, Ph.D., ABPP**

Clinical & Forensic Psychology

Diplomate in Forensic Psychology • American Board of Professional Psychology

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Licensed Psychologist in Connecticut, Massachusetts, & New York

**AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION**

RE:

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

I hereby authorize the release of the following protected health information:

- Psychological treatment records
- Medical treatment records
- Test/evaluation results, data, or reports
- Hospital records
- Other:

To  From

To  From

Lisa D. Piechowski, Ph.D.  
Licensed Psychologist  
155 Sycamore Street  
Glastonbury, CT 06033  
(860) 659-0732 phone  
(860) 659-3713 fax

For the purpose of:

- Treatment coordination
- Forensic Evaluation
- Other:
- Clinical Evaluation
- Psychoeducational Evaluation

This information may be provided in written, verbal, or electronic format (including e-mail and facsimile).

This authorization will expire on \_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date signed

Relationship to individual about whom information is being disclosed:

- Self
- Parent
- Legal representative